



Missoula County Public Schools Enrollment Form

Attendance Area School _____ Enrollment Date: ____ / ____ / ____

Grade (level): _____

TEACH Academy

CONNECT Academy

Student Information: Please complete the following using the information as it appears on the student's birth certificate.

Student Last (Legal): _____ First: _____ Middle: _____

Student Nickname: _____ Birthdate: ____ / ____ / ____ Gender: Male Female

Household Primary Phone Number: _____ Student Phone Number: _____

Student Email: _____

Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Programs: <input type="checkbox"/> Gifted <input type="checkbox"/> 504 <input type="checkbox"/> Special Education (IEP)	Primary Language: What is the primary language spoken in the home? _____
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Previous School: _____
(school name/address/phone)

Parent/Guardian Information: (Legal Parent/Guardian Only)

First Parent/Guardian Name: _____ **Relationship to Student:** _____

Okay to Pick Up: Yes No **Legal Custody:** Yes No **Lives With:** Yes No **Receives Mailings:** Yes No

Physical Address: _____ P.O. or Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Second Parent/Guardian Name: _____ **Relationship to Student:** _____

Okay to Pick Up: Yes No **Legal Custody:** Yes No **Lives With:** Yes No **Receives Mailings:** Yes No

Physical Address: _____ P.O. or Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Emergency Contact Information: (MUST BE SOMEONE OTHER THAN PARENT OR LEGAL GUARDIAN.)

Emergency Contact Name: _____ Relationship to Student: _____

Phone Number:(home, cell, work) _____ Okay to Pick Up: Yes No

Emergency Contact Name: _____ Relationship to Student: _____

Phone Number:(home, cell, work) _____ Okay to Pick Up: Yes No

I authorize previous school to release my child's academic records, test scores and participation in interventions to MCPS Schools.

Parent/Guardian Signature: _____